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PTO/SB/81 (04-05)

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Application Number	10/715,196
Filing Date	
First Named Inventor	ROBERTS, Joseph P
Title	Finish Protector
Art Unit	1771
Examiner Name	COLE, Elizabeth
Attorney Docket Number	SCRATCHPAD

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

47931

OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	October 31, 2005
Name	Joseph P. Roberts	Telephone	630 867-2877
Title and Company	PRES. - SCRATCH PAD, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	October 31, 2005
Name	Kevin M. Slota	Telephone	630 867 2827
Title and Company	CEO - SCRATCH PAD, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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